Chesterfield County Parks and Recreation Background Check Release Form

(for individuals affiliated with athletic programs)

I hereby authorize the background investigator for Chesterfield County Human Resource Management to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for official use by Chesterfield County for the sole purpose of determining my eligibility to participate in County sponsored youth organization activities and may be disclosed to other persons only as necessary to determine my eligibility.

Failure to provide all or part of the information may result in disqualification from participating in a youth activity. This release shall be effective on the date of its execution and expire upon completion of my background investigation.

League:	Please include a control of your Driver's Lic
Athletic Association (if applicable):	an Dhata IDI
Print Name (Full Name):	
Social Security Number:	
Current Address:	
Date of Birth:	
Race:	
Phone Number: (Home)(W	/ork)
Other Names Used (Include Maiden):	<u>-</u>
Previous Address (Past Five Years):	
Date:	
Signature (Full Name):	



Return form to: Your athletic organization/league

OR, drop off: Parks and Recreation Administration Building

Chesterfield Government Center

6801 Mimms Loop, Chesterfield, VA

OR, mail to: Chesterfield County Parks and Recreation

P.O. Box 40, Chesterfield, VA 23832

Details: (804) 748-1623

Revised 11/10/03

